



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY STROKE AND REHABILITATION CENTER, INC

City of Hospital: Crown Point

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: COMMUNITY FOUNDATION OF NWI INC.

Email Address: ckolasinski@comhs.org

Medicare Provider Number: 15-3045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$24196845
Outpatient Patient Service Revenue	\$33367446
Total Gross Patient Service Revenue	\$57564291

2. Deductions From Revenue

Contractual Allowance	\$37267611
Other Deductions	\$534163
Total Deductions	\$37801774

3. Total Operating Revenue

Net Patient Service Revenue	\$19762517
Other Operating Revenue	\$1424785
Total Operating Revenue	\$21187302

4. Operating Expenses

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Salaries and Wages	\$6683123	Employee Benefits	\$1578516
Depreciation and Amortization	\$3804528	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$6519352
Total Operating Expenses	\$18585519		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2601783	Total Assets	\$55866067
Net Non-operating Gains over Loss	\$416	Total Liabilities	\$2048151
Total Net Gains	\$2602199		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$36668304	\$23415299	\$13253005
Medicaid	\$3890039	\$3408760	\$481279
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17005947	\$10443552	\$6562395
Total	\$57564290	\$37267611	\$20296679

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1100	\$-1100

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$48867	\$-48867
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$1398	\$-1398

Number of Medical Professionals Trained	3
Number of Hospital Patients Educated	626
Number of Citizens Exposed to Health Education Messages	26,987

Statement Six: Charity Statement

Hospital Charity Charges	\$61844
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$200	\$20885	
HCI Payments	\$0		
Subtotal	\$200	\$20885	\$-20685
Medicaid Shortfalls	\$230009	\$1199781	
Subtotal	\$230209	\$1220666	\$-990457
DSH Payments	\$0		

Subtotal	\$230209	\$1220666	\$-990457
Medicare Shortfalls	\$13034234	\$13036979	
Other Government Programs	\$1435	\$3097	
Total	\$13265878	\$14260742	\$-994864

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$70918	\$223670	\$-152752
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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